

12 MAY 10 AM 10:48

FEC
 FORM 3

**REPORT OF RECEIPTS
 AND DISBURSEMENTS**
 For An Authorized Committee

Office Use Only

1. NAME OF
 COMMITTEE (In full)

TYPE OR PRINT ▼

Example: If typing, type
 over the lines.

12FE4M5

Gillibrand for Senate

ADDRESS (number and street)

236 Massachusetts Ave NE

Suite 110

Check if different
 than previously
 reported. (ACC)

Washington

DC

20002

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00413914

3. IS THIS
 REPORT

☐

NEW
 (N)

OR

☒

AMENDED
 (A)

NY

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☒

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M /

D D /

Y Y Y Y

In the
 State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M /

D D /

Y Y Y Y

In the
 State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Karen Feldman

Signature of Treasurer

Karen Feldman

Date

05

04

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
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 Only

FEC FORM 3
 (Revised 02/2003)